MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/857698   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52					✓		
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
10	/	/					60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16		/					66							
17	/						67							
18		/					68							
19		/					69							
20		/					70							
21		/					71							
22		/					72							
23		/					73							
24		/					74							
25		/					75							
26	/					••	76							
27		/					77							
28		/					78							
29		/					79							
30		/					80							
31		/					81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	32						TOTAL DEP.							
TOTAL CLAIMS	35						TOTAL CLAIMS							